

2017 DAYCARE STATEMENT

FOR: _____

PROVIDER: _____

TAX ID/SS #: _____

DAYCARE WAS PROVIDED FOR _____ FROM _____, 2017
CHILD(REN)'S NAME DATE

THROUGH _____, 2017. TOTAL AMOUNT PAID FOR SERVICES IN 2017 WAS
DATE

\$ _____.

SIGNATURE OF PROVIDER

SIGNATURE OF PARENT

DATE

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